
County: Trempeal eau
TREMPEALEAU COUNTY HEALTH CARE CENTER - FDD
W20298 STATE ROAD 121
WHI TEHALL 54773 Phone: (715) 538 WHI TEHALL 54773 Phone: (715) 538-4312
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 44
Total Licensed Bed Capacity (12/31/00): 44
Number of Residents on 12/31/00: 43 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County **FDDs** Yes No Average Daily Census: 43

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	16. 3 23. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	90. 7	More Than 4 Years	60. 5
Day Servi ces	Yes	Mental Illness (Org./Psy)	0. 0	65 - 74	9. 3		
Respi te Care	No	Mental Illness (Other)	0.0	75 - 84	0. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0. 0	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	0. 0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	0.0	65 & 0ver	9. 3	(
Transportation	No	Cerebrovascul ar	0. 0			RNs	12. 9
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	5. 9
Other Services	Yes	Respi ratory	0.0			Nursing Assistants	
Provi de Day Programming for	i	Other Medical Conditions	0.0	Male	74. 4	Aides & Orderlies	57. 7
Mentally Ill	Yes			Femal e	25. 6		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes		***		100.0		

Method of Reimbursement

		Medica (Title			ledic itle			0th	er	Pri	vate	Pay		/anageo	l Care		Percent
			Per Die	n		Per Die	n		Per Dier	n		Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				43 10	0.0	\$144.58	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	43	100.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depender	nt 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		43 10	0.0		0	0.0		0	0.0		0	0.0		43	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti on	s, Services	, and Activities as o	f 12/31/00	
zeachs zuring hepotering reriou				% N	eedi ng		Tota	1
Percent Admissions from:		Activities of	%		tance of	% Totally	Number	of
Private Home/No Home Health	11. 1	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi de	nts
Private Home/With Home Health	0.0	Bathi ng	27. 9		72. 1	0.0	43	
Other Nursing Homes	0.0	Dressi ng	79. 1		20. 9	0. 0	43	
Acute Care Hospitals	11. 1	Transferri ng	97. 7		2. 3	0. 0	43	
Psych. HospMR/DD Facilities	55. 6	Toilet Use	88. 4		11. 6	0. 0	43	
Rehabilitation Hospitals	11. 1	Eati ng	79. 1		20. 9	0. 0	43	
Other Locations	11. 1	*********	******	******	*******	********	******	*****
Total Number of Admissions	9	Continence	1 0 .1 .		pecial Trea		,	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	0. 0		Respiratory Care	0.	
Private Home/No Home Health	11. 1	Occ/Freq. Incontinen		4. 7	Recei vi ng	Tracheostomy Care	0.	
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	0. 0		Suctioning	0.	
Other Nursing Homes	22. 2	361.1.				Ostomy Care	0.	
Acute Care Hospitals	0.0	Mobility	ı	0.0		Tube Feeding	0.	
Psych. Hosp MR/DD Facilities	22. 2	Physically Restraine	a	0. 0	Recei vi ng	Mechanically Altered	Diets 30.	z
Rehabilitation Hospitals	0.0	Cl.: - Como		0	than Danida	nt Chanastonistica		
Other Locations Deaths	33. 3 11. 1	Skin Care With Pressure Sores				nt Characteristics ce Directives	79.	1
Total Number of Discharges	11. 1	With Rashes		0. 0 4. 7 M	edications	ce birectives	79.	1
(Including Deaths)	9	with rashes		4. / IV		Psychoactive Drugs	86.	0
(Including Deaths) ************************************	******	 ***********	******	******	********	***************		U ****

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

**************	****	******	*****	*****	****	****
	Thi s	F	DD	Α		
	Facility	Facilities		Facilties -		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	97. 7	85. 5	1. 14	84. 5	1. 16	
Current Residents from In-County	11. 6	42. 1	0. 28	77. 5	0. 15	
Admissions from In-County, Still Residing	0. 0	19. 5	0. 00	21. 5	0. 00	
Admi ssi ons/Average Daily Census	20. 9	16. 4	1. 28	124. 3	0. 17	
Di scharges/Average Daily Census	20. 9	19. 2	1. 09	126. 1	0. 17	
Discharges To Private Residence/Average Daily Census	2. 3	9. 2	0. 25	49. 9	0. 05	
Residents Receiving Skilled Care	0. 0	0. 0	0. 00	83. 3	0. 00	
Residents Aged 65 and Older	9. 3	16. 2	0. 57	87. 7	0. 11	
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 6	0.00	
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09	
Mentally Ill Residents	0. 0	0. 5	0. 00	33. 3	0. 00	
General Medical Service Residents	0. 0	0. 2	0. 00	18. 4	0.00	
Impaired ADL (Mean)*	14. 0	50. 8	0. 27	49. 4	0. 28	
Psychological Problems	86. 0	45. 9	1. 87	50. 1	1. 72	
Nursing Care Required (Mean)*	4. 4	11. 0	0. 40	7. 2	0. 61	